

Defying STIigma in *It Follows*

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David Robert Mitchell's *It Follows* presents what is essentially a sexually-transmitted infection (STI) as a supernatural force that haunts and propagates through sexual contact. The "it" of the movie, in part, embodies the fear that society feels about STIs. STIs, in and of themselves, scare people because 1) they force them to confront stigmatized parts of the body they do not like to acknowledge, 2) they create a sense of moral and cosmic dread due to their invisible and unpredictable nature, and 3) they suggest horror tropes such as invasion and metamorphosis. According to Andrew Tudor, horror's invasion narratives involve an unknown force invading the known world, and its metamorphosis narratives involve the physically, mentally, or socially normal turning into something abnormal (1989: 90, 97). In *Illness as Metaphor* (1978) and *AIDS and Its Metaphors* (1989), Susan Sontag pinpoints similar elements to illustrate how various illnesses are made into real-life monsters, often for socio-political reasons, instead of being looked at as a biological reality. By linking Sontag's observations on the politics of illness to horror concepts like Tudor's, it is possible to see how *It Follows* reflects society's fears of STIs, particularly HIV, through its monster, which collapses both the biological aspect of illness and the human dimension which moralizes STIs into a biological haunter. Yet, I argue that the film also *defies* this stigma in the following ways: first, through its characters' resilience to "it" as a community despite the hardships that arise from the monster's constant haunting; second, through the film's creation of an amoral world that undermines the notion that someone is to be blamed for having or transmitting an STI; and third, in the community's final act of defiance, when it becomes clear that the "it" will never truly leave.

STIs are monstrous in the popular imagination because they invoke horror concepts, such as repression and dread relating to a monstrous other invading the familiar world, and the normal (be it socio-political, physical or psychological) turning monstrous, as mentioned in relation to Tudor above. In *Illness as Metaphor*, Sontag argues that cancer is particularly surrounded with

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shame and embarrassment because it often appears in parts of the body that we do not like to acknowledge, such as the “colon, bladder, rectum, breast, cervix, prostate, [and] testicles” (1978: 17). The same can be said for STIs. In *AIDS and Its Metaphors*, Sontag adds that while cancer courts a sense of shame, HIV/AIDS is perceived even more harshly, since it “is understood as a disease not only of sexual excess but of perversity” (1989: 24-26). Sontag is writing in 1989, but attitudes have not changed significantly today. While not all STIs cause symptoms specific to reproductive organs, the mode of transmission is through these organs, which forces the uncomfortable acknowledgement of these otherwise “secret” body parts. Social and cultural stigmas render these body parts and the STIs associated with them into unknown “others,” and by extension, they become objects of dread and horror (Tudor, 1989: 83). STIs are “othered”—made monstrous—because they confront us with deviations from the ideological sexual norms of our culture: while traditional values see heterosexual monogamy as the only relationship model, STIs confront people with the fact that not everyone is monogamous and that sex happens outside of traditional relationships and so-called “safe” practices (Wood, 1979: 113). The shedding of light on repressed truths is in itself monstrous: a monster “etymologically is ‘that which reveals’” (Cohen, 1996: 4), an embodiment of discomfiting tidings about individuals, societies, and cultures. STIs are also made into horror objects because they invoke dread, which is the feeling one gets when they sense an imminent danger, but where that terror is “obscure” because it is so ubiquitous as to resist comprehension or representation (Freeland, 2004: 191). In the terms of Cynthia Freeland’s definition of “art-dread,” STIs become monstrous objects that can invoke dread for the following reasons: 1) they can, depending on the type, constitute a physical danger if untreated; 2) given the invisible nature of viruses and bacteria, they are not sufficiently “present” in bodily form to cause outright horror—while at the same time, their presence is made known in often abject ways in a symptomatic body. Beyond the diseases themselves, the social and political narratives constructed around disease are similar to those narratives found in horror. Sontag argues that some diseases are especially horrifying to people because of the fear of invasion, which is reflected in the names given to and narratives constructed around disease. For example, the English, she notes, thought of syphilis as the “French Pox,” and the Japanese called the same STI the “Chinese disease,” while HIV/AIDS was constructed as an invasion from the Third World, particularly embodied by Africa, into the First World (Sontag, 1989: 47, 62). This attribution of disease to foreign invader is similar to the traditional invasion narrative present in many horror movies, where the alien

“other” invades and disrupts the secure, known world (Tudor, 1989: 90). *Dracula*, for example, in both novel (1897) and a host of its film versions, locates the source of the vampire infestation of London in Eastern Europe, which is figured as a monstrous invader that will “infect” the homeland. Much like the monster can embody other cultures or ideologies in horror’s invasion narratives, STIs are made into real-life monsters for the same purpose of symbolising an unwanted other (Wood, 1979: 114). The association of Africa with AIDS, for example, is directly related to the racialization of not only that continent’s primarily black population, but in addition associates that population with a primitiveness often attached to regions outside the capitalist centers of the globe. Another reason why diseases can provoke fear is that they “transform the body into something alienating” (Sontag, 1989: 45), like the individual metamorphosis horror narratives discussed by Tudor, which turn on the premise of “a human metamorphos[ing] into a monster” to create revulsion (1989: 97). This narrative of bodily transformation is often framed as a punishment for forbidden or transgressive behaviour or a certain trespassing of moral or ethical boundaries (Tudor, 1989: 98-99). STIs such as syphilis or HIV/AIDS, for example, were (and still are by some) framed as God’s retribution for breaking His laws (Sontag, 1989: 60-61).

The “it” in *It Follows* embodies the same horror and dread that STIs create in the cultural imaginary. Despite the sexual nature of the transmission of “it,” there is no specification of the exact transmission mechanism of the monster. The film does not make clear, for example, whether “it” can be transmitted exclusively through penile-vaginal contact, if it can be transmitted when condoms are used, or if it can be transmitted via non-heterosexual contact. The audience knows the transmission is through sex, but the details of transmission are glossed over. On one hand, vagueness is a technique employed by the film to reinforce the sense of ubiquitous dread surrounding “it,” while on the other, the film participates in this deliberate omission of details to draw upon the confusion about STIs that occurs due to societal repression. People in real life are often embarrassed to name the body parts involved in sex, even when the goal is STI prevention, and this denial of one’s own anatomy is often due to moral repression. For example, World War I soldiers in the US were told that chastity was the only way to prevent syphilis, and many AIDS prevention campaigns completely avoided the subject of condoms, because talking about condoms meant acknowledging sexual encounters that do not fit into the heterosexual, monogamous relationship model that society idealizes (Sontag, *AIDS and its Metaphors* 75). Such vague campaigns reflect the confusion and fear people felt and still feel about

sexually-transmitted illnesses. In *It Follows*, this same confusion occurs in the lack of understanding of the modes of transmission of “it” and of the unclear, ineffective methods of confronting the monster. In the same way that STIs invoke dread, the movie develops this aspect by connecting “it” to a kind of haunting, linked to a past event that resurfaces to constitute an imminent, fatal danger, in addition to acting in an unpredictable manner. “It” is made all-too-present by its constant looming no matter the location, but it is also, frustratingly, not present *enough*, since sometimes it simply stares passively, blends in with real people, and vanishes for long stretches of time, only to resurface in unexpected ways or places. The simultaneity of “it’s” existence and invisibility is comparable to how a virus is sometimes present in a body without manifesting itself, rendering the virus’s presence intangible, either because it is in its incubation period, or, in the case of HIV, because the viral load has been reduced to the point of being undetectable. In reality, the risk of HIV transmission from a partner whose viral load is undetectable is statistically negligible, even when a condom is not used, as can be seen from the PARTNER study (“Negligible Risk,” 2016: n.p.).¹ Thus, condomless sexual contact with an HIV+ person whose viral load is undetectable can be considered safe. However, even though the study shows that suppressing the viral load is an effective form of protection, it is impossible to assert that the risk of transmission is zero percent (“Negligible Risk”). Therefore, the mere knowledge that the virus exists in a body, even if undetectable, is dreadful due to the minutest possibility of transmission. Additionally, the simultaneity of the virus existing and being unseen and unmeasurable even through scientific means contributes to an almost supernatural feeling of dread. The dread caused by simultaneous omnipresence and almost-absence reflects social realities as well: STIs worry people who are not infected, in some cases making them feel threatened, but the symptoms are only felt by those who live with them. The invisibility of “it” to those who never had it is therefore symbolic, as it is impossible to tell if someone has an STI by simply looking at them, but people with STIs will still feel the stigma directed at them. The film, however, is more interested in exploring internalized or perceived stigma. For example, when “it” goes after Jay in her own home she is distressed, says that there is something wrong with her, and to calm her down, her sister, Kelly, tells her “I love you” and “you’re okay”, showing that Jay is surrounded by a supportive community. Still, Jay does not feel like Kelly believes her. Thus, the film sets up the theme of internalized shame, which Jay will eventually learn to overcome with the help of her community.

Shame about being infected, especially by an STI, plays out in the movie in the same way that it plays out in real life. Much like HIV/AIDS has been constructed as a “chain of transmission from the past” (as opposed to localized clusters of outbreaks), the monster in *It Follows* is presented as such a chain quite literally, since it returns to its past victims once it kills the person that it follows (Sontag, 1989: 73). Such a construction puts the blame of transmission solely on the positive partner, because they are the one “relaying” the infection in the chain, even though both partners are making decisions in regard to condom use and other risk factors. With STIs, there is a fear of “polluting people,” which is also language related to invasion (Sontag, 1989: 73). The movie plays with that idea as well, given that the monster invades its victim’s life, torments them, and offers them only a brutal death. The issue of non-disclosure haunts the film in this way, since to deliver it knowingly suggests a criminal act. *It Follows*, at first sight, seems to be ambiguous about non-disclosure. The only time we see disclosure after the sexual act is from Jeff/Hugh to Jay, and it is not portrayed very positively, since, after having sex, Jeff/Hugh chloroforms and ties Jay to a wheelchair before telling her details about “it.” The film’s ending, on the other hand, is one where, after agreeing to have sex, Jay transmits “it” to Paul, and they both survive because they know “it” is haunting them, and they have developed a method of dealing with it. Comparing those two scenes alone, it is easy to assume that the film sees non-disclosure as immoral, even if not criminal. However, earlier in the film, Jay’s friend Greg is killed by “it,” seemingly punished, even though he agreed to have sex with Jay to relieve her of the haunting, and knew about the risks. Thus, it becomes a lot harder to simply compare the previously mentioned scenes. One thing that does differentiate Greg from Jeff/Hugh, Jay, and Paul, is the fact that he dismisses the information Jay gives him about “it.” Jeff/Hugh, on the other hand, even though he only discloses after sex, gives Jay the information she needs in order to escape “it.” Thus, it is the knowledge and level of acceptance that one has about the infection that determines how well the characters deal with “it.” When Jay goes to find Jeff/Hugh, it is not with the intent to make him “pay” for the transmission, but rather, to have more information about “it.” In fact, when Jay learns that his real name is Jeff Redmond, and Kelly asks her if she wants to tell the police about what happened, Jay refuses, showing that she is not willing to put the blame on him. The film does not place blame on the person who transmits “it”, but rather, it says that open discussion of “it”—which makes disclosure easier, less stigmatizing, and allows knowledge to be comfortably shared—gives people the tools to deal with “it.”

As I intimated above regarding Greg's death, STIs have traditionally been used to describe moral punishment of transgressors (Sontag, *AIDS and its Metaphors* 54). In the film, we see Jay haunted by the "it" as she is in class, while the teacher mentions Lazarus, a biblical figure, who was resurrected by Jesus because he followed Jesus' doctrine and loved him, making him an exemplary moral figure. This juxtaposition pricks the viewer with the feeling that Jay's promiscuity (a sin in Christian doctrine) is what sentenced her to death, and that only through purification will she find solace, just as Lazarus was returned to life because he was a moral man. This, of course, is not true: the monster will not stop until it kills, and will continue haunting previous victims once it has killed the one it currently follows, but the teacher's reading nevertheless lends a moralizing aspect to the infection. In an ironic echo to Lazarus, however, "it" consistently returns by "resurrection" through an act that is, at least in more conservative traditions, deemed biblically immoral, thus undercutting the religious rhetoric. Thus, the moralization happens in-universe: the film itself, avoids giving any meaning to "it", which acts without any logic or motivation. "It" is completely amoral, and in that sense, it is once again similar to an STI, as microorganisms do not feel or think about consequences; they simply reproduce. The (im)morality of their transmission is framed as such only by human society, religion and culture. Nevertheless, Jay herself casts a moral judgement on her infection when she says that there is something wrong with her while explaining the curse to her friends. In this sense, "it" is also a ghost, since hauntings are linked to socially constructed notions of morality, transgressions of these norms, and/or past traumas. Jay's first instinct is not to talk about the infection. She is on the surface talking about the haunting, but her words also imply, that she, as a person, is somehow "wrong" because she has been infected. Even in the beginning of the movie, Jeff/Hugh, who is infected before Jay, says he wishes to trade places with a young child, because he still has his whole life ahead of him, which can be linked to theme of resurrection and redemption, since children are traditionally seen as a clean slate. They are ostensibly pure, innocent, uncorrupted by the choices that might be deemed "bad" or "immoral" later in life. In this context, the audience does not yet know about "it," so Jeff/Hugh's words do not sound like his life is at risk due to a supernatural force, but instead as if he is regretting a grave sin or wishing to forget a great trauma, and that the only solution is divine forgiveness which would give him a fresh start. This regret echoes the shame people feel when they are infected with an STI in real life, a shame which is shaped by society's perception of STIs being a result of promiscuity and unnatural behaviour. Thus, "it" is a complex hybrid of both haunting, which is

monstrous due to its link to repression and trauma, and biology, which is monstrous because it confronts one with the cosmic dread of being at the mercy of an amoral force.

It Follows, however, does not linger on the sense of shame and transgression evoked by the “haunting” aspect of “it”; instead, its characters ultimately transcend simplistic moral thinking to defy the stigma associated with STIs. The film ultimately does not frame the invasion of “it” as a moral comeuppance. While the social and individual fragmentation typically associated with Tudor’s metamorphosis narrative is present in the film’s melancholic late-capitalist suburban Detroit—a space of ennui and decay—*It Follows* ultimately emphasizes communal resilience. For example, after they agree to share the infection through sex, Paul and Jay ask each other if they feel any different, and they both reply “no.”

While “it” never physically transforms its victims, those affected by it initially felt that they had been changed by the infection. In this scene, however, both Paul and Jay understand that the infection does not change who they are as people. Their friends as well are supportive of their choices. This illusion of metamorphosis can be seen in Jay’s previous assertion that there is something wrong with her due to the infection, as well as when she goes to the outskirts of Detroit, where the physical decay of the city reflects Jay’s perceived bodily decay caused by her infection. In fact, right after Jeff/Hugh passes “it” to her, she finds herself in an abandoned, run down industrial building. Her final confrontation of “it” as well takes place in a pool situated outside the suburb, through impoverished neighbourhoods closer to the city of Detroit. In these instances, “it”—even if it does have a physical manifestation—acts as a ghost rather than a biological entity, as it is tied to places with a history, and serves as a reminder that these sites were once full of life, that an extreme economic collapse must have occurred to cause these places to be abandoned and destroyed. Jay, however, shows resilience. She overcomes the feeling that she is physically and morally decaying after she finds an ally in Paul, who accepts the infection with her, as well as her sister and friends, who help her look for solutions to stop “it.” As mentioned above, the open discussion of “it” allows the protagonists to confront “it,” and helps Jay to feel less shame. The moral aspect of the invasion is confronted, even though it is unknown if the biological aspect will ever be overcome—that is, if “it” will ever be eradicated. The invasion narrative in *It Follows* has multiple, contradicting meanings: on one hand, “it” constitutes an amoral biological invasion, but on the other, “it” is also a haunter, and thus it is inevitably tied to a world of causes, consequences, and therefore of morality as well.

While the “it” does invade the body, mind, and space of the person who is infected, the characters are stranded in time and space, making their world a closed environment. In fact, the film makes a point of purposely muddling any spatial or temporal clues, creating a certain liminality, which strands the characters in a cosmic bubble where there are no moral consequences, given that there needs to be a certain linearity to have a causal relationship. This liminality also reflects the film’s equivocation on whether “it” can be tied to morals and traumatic histories, or whether it is a basic, driving biological process. The film takes place in either a no-time or a collapse of times: the props on the set give mixed signals about the specific time period, as it is possible to see an old TV set at the same time as a Kindle-type electronic reader (albeit with an incongruous 1980s plastic shell design) (see figures 1 and



Within the same scene, it is possible to see a modern Kindle-type reader with a decidedly retro clamshell casing (Figure 1, top), and an 80s-era TV set, which continually plays even older genre films (Figure 2, bottom).

2). The synthesizer-heavy soundtrack and some of the technology are reminiscent of late-70s/early 80s films such as *Halloween*, which is the earliest time the film mise-en-scène suggests. This time period coincides with the advent of the HIV/AIDS crisis in the US. Thus, though time is blurred, the film consciously refers to a historical period of panic, denial and discrimination, and where HIV did cost the lives of many. The blurring of time and space, which muddles relationships of causality, would reduce “it” to solely a biological invasion if there were no hint to any time period whatsoever, but the reference to a traumatic history of HIV onset makes “it” a haunter as well.

Spatially, suburban Detroit is uniform, with a low population density, and long distances separating one person from another. This location choice creates a sense of placelessness, given that there is nothing unique about the suburbs. The symmetry and repetition of suburban planning is uncanny here, figuring a familiar, but discomfiting sameness. Here, “it” is once more associated with trauma, as it often manifests through the repetition of a past distressing event. The physical space, then, is both a metaphor for trauma, as well as a reminder of Detroit’s demise in the face of a changing, late-capitalist world. Moreover, the suburbs are separate from the city, which isolates the characters from external influences. In fact, when Jay and her friends go to the pool to try to trap “it,” Yara comments that as a child, she was not allowed to go past the line which separates the city of Detroit and the suburbs, reinforcing the feeling that suburbia is its own, separate bubble, purposely kept away from exterior influence, and the implied violence attached to urban life. Their isolation in suburban space both intimates and limits considerations that “it” might be an invasion brought by outsiders who are deemed to be immoral or dirty. Yet, if “it” were purely biological, it would have a source. Thus, the spatial aspect of the film also brings out the contradictory nature of “it” as both haunter and infector, and is ambivalent on whether one aspect is predominant.

Nevertheless, what *is* certain is that the film does establish a link between decay and degeneration, poverty and illness. It is worth noting, however, that there are very few people of colour and no queer people at all in the film, which dismisses some realities about STIs. All the main characters are white (save maybe Greg, who is white-passing) contributing to the suburban homogeneity the film seeks to portray; but in reality, STIs, as any infectious diseases, tend to disproportionately affect the poor and marginalized. For example, when it comes to HIV in the United States, “gay and bisexual men, particularly young African American gay and bisexual men, are most affected,”

according to the Centers for Disease Control and Prevention (“HIV in the United States,” 2017). Thus, while the film does look at poverty, it puts forward no representation of the most affected populations. In fact, the most impoverished areas in the film are abandoned factories, neighbourhoods and semi-urban warehouse and industrial spaces—all bereft of inhabitants. If people are to be found in these spaces, they are either in motion, driving through to get somewhere else, or they are there to make use of the anonymity offered there, such as with the loitering sex workers Paul seeks out at one point. In that sense, the film could be read as somewhat regressive, as it erases the correlation between STIs and specific types of social marginalization, as well as the fact that those who are most affected also have less access to testing and treatment. Conversely, this purposeful exclusion can be read as a confrontation of the characters’ sheltered white privilege. Jay and company, are lower-middle-class—poor perhaps, but not impoverished. In this interpretation, the film portrays a white, middle-class anxiety of being put down to the status of minority through the social stigma of illness. At the same time, this play with STI stigma could also be an attempt to isolate prejudice about STIs as a particular form of discrimination, in order to reflect real life, where discrimination against HIV+ people is its own distinct form of oppression. At base, *It Follows* seems to say, it’s complicated.

It Follows uses horror devices to convey real fears that people of every social status have about STIs, while also avoiding divisive stereotypes that would justify unwarranted and counterproductive panic. Perhaps most importantly, the characters in *It Follows* muster the courage to confront an uncertain future as a community. In the last shot of the film (see figure 3), Jay and Paul walk forward hand-in-hand, facing the audience in defiance of “it.” Instead of isolating themselves in shame, they reach out to each other in solidarity. While no one in the film other than their close friends knows about their condition—a factor that gives it a kind of invisibility—their communitarian resistance is an allegory for the resistance of real people who live with STIs whose existence is made all the more political by the stigma attached to their condition. In that same final shot, there is a figure in the distance—possibly “it”—which means that life will still be difficult for these characters; nevertheless, instead of passing “it” on to someone else in hopes of delaying death, they share the infection, deciding to face the challenges of living with illness head-on, without giving up.



Figure 3: Jay and Paul walk hand in hand in solidarity, while an unknown figure—possibly “it”—follows behind.

The monster of *It Follows* appeals to metaphors that are similar to those used to talk about real STIs to create fear in the audience, but ultimately the film deconstructs this stigma. At first it seems to equate sex with death, but the main character, Jay, and her friends refuse such a fate, and instead of suffering on her own, Jay finds an ally in Paul and a group of friends who support or share the burden with her. While Jay has moments where she feels ashamed for being infected, she is never shamed by others for being sexually active. One could argue that the film’s resistance to locating itself in a particular historical moment—despite its allusions to the collapse of industry in Detroit, as well as the beginnings of the HIV/AIDS crisis—constitutes a form of avoidance of greater social forces at work, undermining the characters’ struggle. The monster acts *upon* them, not manifesting from within them physically; its ability makes the stigma they fight only the internalized stigma of living with STIs. They are not (yet) activists, and they do not (yet) confront the larger context in which they exist. However, the film’s allegorical setting can also be read as a testament to the fact that living with an STI, whether one is militant and highly visible about it or not, is political in and of itself (especially in the case of HIV), given the tremendous social stigma associated with it. At the same time, the biological aspect of “it” invokes a wider metaphysical dread, as it confronts the characters with the fragility of life and bodies, as well as the uncaring and amoral nature of the universe. Nevertheless, because the infection is given a moral dimension by humans, the characters’ lives from that point onward are politicized, and thus their private resistance is revolutionary in and of itself. Jay and Paul do not take on the whole world, and they do not need to: facing the

future and its challenges is already a huge task to undertake. In a society where sexual education is still a topic up to debate, and where HIV non-disclosure laws (where they exist) only exacerbate the challenges that HIV+ people face, individual overcoming of stigma is already a form of radical resistance.²

Notes

¹ The study in question took into account “approximately 22,000 [condomless sex acts] among gay couples and 36,000 among heterosexual couples,” where one of the partners is HIV+ with an undetectable viral load. During the course of the study, 11 previously negative participants became infected with HIV, but with partners *outside* the relationship, whose viral load was not monitored. For the thousands of condomless sex acts that were accounted for, however, there was no HIV transmission (“Negligible Risk”).

² This essay was written for the course “Ethics and the Horror Genre,” conducted in the Winter of 2017 at Dawson College, Montréal, Québec, under the instruction of Dr. Jean Coleno and Dr. Kristopher Woofter.

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